

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530784

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			32			